(b) if not, the reasons therefor;

(c) whether doctors/compounders etc. attend their work on scheduled time;

(d) whether any surprise check is kept on the opening/closing timings of the dispensaries; and

(e) the steps proposed to be taken to provide CGHS polyclinic facilities to residents of R.K.Puram, Janakpuri and Rajouri Garden in Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a)Yes, Sir.

(b) In view of 'A' above, question does not arise.

(c) Yes, Sir.

(d) Yes, Sir.

(e) A CGHS Polyclinic has already started functioning at Janakpuri. At Present there is no proposal to start a new Polyclinic at R.K. Puram or Rajouri Garden.

Family Planning Programme

875. SHRI GEORGE FERNANDES: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether the Government are evolving a more result oriented multi-pronged Family Planning Programme; and

(b) if so, the details thereof including the efforts being made to control population growth?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K.THARA DEVI SIDDHARTHA): (a) and (b). Over the last few months, the Department of Family Welfare has carried out a detailed review of the population control efforts in the country, in consultation with the State Government UTs Administration with a view to devising Innovative strategies and imparting a new thrust and dynamism to the Family Welfare Programme. As a result of these efforts, a Draft Action Plan has been evolved for revitalising the population control efforts in the country. The key features of the Draft Action Plan include, (1) evolving a national consensus in support of the Family Welfare Programme and to obtain willing participation of all sections of the society (2) improving the quality and outreach of family welfare services, (3) special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 census), (4) developing an innovative package of incentives/ disincentives for promotion of the small family norm, (5) increasing the coverage of younger age couples through vigorous promotion of spacing methods, (6) introducing new contrceptives and improving the quality of contraceptives (7) strengthening family welfare schemes in urban areas especially in slum pocKets, (8) revitalising training activities of medical/para-medical personnel with emphasis on motivational and counselling aspects, (9) sustaining the good work done under the Universal Immunization Programme and strengthening of other intercations for Maternal and Child Health Care, (10) reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonal communication, (11) involving of voluntary and non governmental organisations in a beg way to promote active community participation in the programme, (12) gearing up of the implementation machinery in the States/UTs and (13) evolving high level inter-sectoral coordination machanisms at the national State and District levels etc. This draft Action Plan has now been reffered to the States/UTs to give them further opportu-

nity to examine its contents and make suggestions for improvement, keeping in view their own special requirements. It is proposed to finalise the Action Plan over a period of next 2-3 months after a high level meeting with Health Ministers of States/UTs. It is expected that the Action Plan evolved in this manner would be more practical, realistic and result-oriented and will be able to make a marked impart on the population problem in the country.

Drain of Doctors

876. SHRI GURUDAS KAMAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether brain drain of doctor is on the increase; and

(b) if so, the remedial measures proposed to be taken in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARA DEVI SIDDHARTHA): (a)and (b). There is no such problem. Still in order to discourage the migration of medical manpower to foreign countries, the following measures have been taken:

i) Restrictions have been placed on medical graduates going abroad for higher education and training, where such training facilities exist in the country.

ii) Doctors belonging to some scarce specialities are not sponsored for employment abroad.

iii) Improvements in service conditions of doctors, both in the Central and State Governments, are made from time to time.

Harassment of Research Scholar

877. SHRI BHOGENDRA JHA: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) the number of cases of suicide by female/male researchers in Punjab and Delhi Universities during the last three years;

(b) the details of the action taken to find out the causes of suicides and responsibility fixed in all such cases;

(c) the number of candidates qualified for UGC-JRF fellowship during period of 1977-83 and 1984-91;

(d) whether any changes have been made in the standards of UGC-JRF fellowship; and

(e) if so, the reasons therefor?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (e). The information is being collected and will be laid on the Table of the House.

Tourism Development in North-Eastern States

878. SHRI SANAT KUMAR MANDAL: Will the Minister of CIVIL AVIATION AND TOURISM be pleased to state:

(a) whether a scheme to develop tourism zones in North-Eastern States is in the offing;

(b) if so, its broad features;

(c) whether his Ministry will consider the expediency of including the 'Sunderbans' area, renowned for it Tiger Project and scenic beauty in West Bengal also in the proposed North-Eastern Tourism Zone; and